

U.S. DISTRICT COURT  
DISTRICT OF VERMONT  
FILED

## UNITED STATES DISTRICT COURT

for the

District of Vermont

Division

2018 FEB -1 PM 3:03

CLERK

BY (A.W.)  
DEPUTY CLERK

Case No.

2:18-cv-24

(to be filled in by the Clerk's Office)

Jury Trial: (check one)  Yes  NoGabriel R. Brunelle

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Potholeys Vermont

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Gabriel R. Brunelle

Street Address

43 Elmwood Ave Apt 406

City and County

Burlington, Chittenden County

State and Zip Code

Vermont 05401

Telephone Number

802-343-3115

E-mail Address

gabrielrbrunelle@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name

*Pathways Vermont*Job or Title (*if known*)*125 College Street, 2nd Floor.*

Street Address

*Burlington, Chittenden County*

City and County

*Vermont*

State and Zip Code

*05401*

Telephone Number

*888-492-8218*E-mail Address (*if known*)

## Defendant No. 2

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

## Defendant No. 3

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

## Defendant No. 4

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number

Pathways Vermont  
~~43 Elmwood Ave Apt 406 128 College Street, 2nd floor~~  
 Burlington, Chittenden  
 Vermont, Chittenden County  
 888-492-8218

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



- Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



- Other federal law (*specify the federal law*):

ADA Amendment Act of 2008



- Relevant state law (*specify, if known*):



- Relevant city or county law (*specify, if known*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

<input checked="" type="checkbox"/>	Failure to hire me.
<input type="checkbox"/>	Termination of my employment.
<input type="checkbox"/>	Failure to promote me.
<input type="checkbox"/>	Failure to accommodate my disability.
<input type="checkbox"/>	Unequal terms and conditions of my employment.
<input type="checkbox"/>	Retaliation.
<input type="checkbox"/>	Other acts ( <i>specify</i> ): _____

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

February 2016

C. I believe that defendant(s) (*check one*):

<input type="checkbox"/>	is/are still committing these acts against me.
<input checked="" type="checkbox"/>	is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

<input type="checkbox"/>	race	_____
<input type="checkbox"/>	color	_____
<input type="checkbox"/>	gender/sex	_____
<input type="checkbox"/>	religion	_____
<input type="checkbox"/>	national origin	_____
<input type="checkbox"/>	age ( <i>year of birth</i> )	_____ ( <i>only when asserting a claim of age discrimination</i> )
<input checked="" type="checkbox"/>	disability or perceived disability ( <i>specify disability</i> )	_____

Cerebral Palsy

E. The facts of my case are as follows. Attach additional pages if needed.

In February of 2016 I applied to work for the Soteria Vermont program at Pathways Vermont. The hiring person liked my cover letter and application but stated that if I did not have a driver's license then I could not be hired. I requested a reasonable accommodation under the ADA

After stating that my disability prevented me from driving. I also communicated with the ~~assistant~~ director and was told that my ability was not in question and that I still needed a drivers license. I was directed to HR by the hiring person and they never responded. The director called me by phone about a week later and said that I might have to ride in an ambulance with a resident and offered me a job in a different program which I had already worked in for two years and I refused.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) Exact date unknown: 2016 (VT State's Attorney's office filed with the EEOC on my behalf)

- B. The Equal Employment Opportunity Commission (check one):



has not issued a Notice of Right to Sue letter.



issued a Notice of Right to Sue letter, which I received on (date)

Nov 3, 2017

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):



60 days or more have elapsed.



less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$50,960: estimated wages for two years. I worked for Pathways for two years in a different program, proving my ability to work for that length of time

Emotional pain: the above amount also encapsulates emotional pain and suffering as a result of discrimination

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**VI. Certification and Closing**

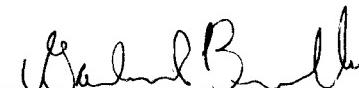
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1/31/2018

Signature of Plaintiff



Printed Name of Plaintiff

Gabriel Bruneau

**B. For Attorneys**

Date of signing:

Signature of Attorney

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Printed Name of Attorney

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Bar Number

---

Name of Law Firm

---

Street Address

---

State and Zip Code

---

Telephone Number

---

E-mail Address

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